

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

637-62-002016
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 Weeks		c. CITY OR TOWN Bogard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First May Middle Burton Last Shirley				4. DATE OF DEATH Month Feb. Day 3 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1881	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (Retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John S. Shirley		13b. MOTHER'S MAIDEN NAME Amanda J. Cochran		14. NAME OF HUSBAND OR WIFE Maude Shirley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Eunice Shirley, 4113 W. 67th Prairie Village, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Heart Block & Stokes Adams Syndrome				INTERVAL BETWEEN ONSET AND DEATH 16 days 2 yrs 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 8 PM Month, Day, Year 2-3-62							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Bogard, Missouri		COUNTY Carroll		STATE Missouri	
21. I attended the deceased from 8 PM 2-3-62 to 2-3-62 and last saw him alive on 2-3-62 Death occurred at 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank B. Leitz		(Degree or title) M		22b. ADDRESS 1530 Poplar St. Taum. Ct. Mo.		22c. DATE SIGNED 2-3-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 4, 1962	23c. NAME OF CEMETERY OR CREMATORY Caloma Cemetery		23d. LOCATION (City, town, or county) Bogard, Missouri			
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-3-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
DATE AMENDED
ITEM NO.
SHOULD READ
BY AFFIDAVIT OF
MEDICAL CERTIFICATION
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648
P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.